

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Catherine V. Allen*
Died at *Bohemia Ferry* *Cecil*
Town County

Date of death 190 *9* *11* *26* Age *—*
Month Day Years

Sex *Female* Color or Race *White*

Birthplace *Cecil Co. Md.*
Months *2* Days *1*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Along S Allen*

Father's Birthplace *Cecil Co. Md.*

Mother's Maiden Name *Bessie Green*

Mother's Birthplace *Cecil Co. Md.*

Name of person giving Information *Along S Allen*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Dysentery*

How long *2 or 3 weeks*

Immediate *Exhaustion*

How long *x*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Karsner*

Address *Chesapeake*

Accident or Suicide *x*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Beers:

Town *Providence* County *Cecil* MARYLAND

Died at *Providence*

Date of death 1909 *Nov* *25* Age *68*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single or Widowed *Widower* Name of Wife or Husband *Catherine Beers*

Father's Name *James Beers* Father's Birthplace *Unknown*

Mother's Maiden Name *Not Known* Mother's Birthplace *Melona*

Name of person giving Information *Mrs. Sarah Scarborough* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Paralysis* How long *1 month*

Immediate *Coma* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. J. Corrieo M.D.* Address *Cherry Hill, Md.*

Accident or Suicide *-*

PHYSICIAN
OR CORONER

258



Name
in
Full

Mary L Biddle

CERTIFICATE OF DEATH

Died at *Elkton* Town *Cecil* County

MARYLAND

Date

of death

1909

Month

Nov

Day

6

Age

Years

20

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

md

Occupation

Worked in Box factory in Balt

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Thomas L Biddle

Father's
Birthplace

md

Mother's
Meiden Name

Mattie Kirk

Mother's
Birthplace

md

Name of person giving
Information

Thomas M Biddle

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis
Exhaustion

How long

3 or 4 months

Immediata

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Wm J Crawley
Elkton md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Country ,

Name
in
Full

George Y. Bolton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near Earleville* ^{County} *Cecil*

MARYLAND

Date of death 190 ^{Month} *9* ^{Day} *11* ^{Years} *19* Age ^{Months} *7* ^{Days} *6*

Sex *Male* Color or Race *White* Birth-place *Cecil Co. Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Bennetta M. Bolton*

Father's Name *John H Bolton* Father's Birthplace *Del.*

Mother's Maiden Name *Catherine Ruley* Mother's Birthplace *Cecil Co. Md.*

Name of person giving Information *Bennetta M. Bolton* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Softening of Brain* How long *2 1/2 years*

Immediate *"* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *E. H. Crawford*

Accident or Suicide Address *local*

PHYSICIAN
OR CORONER



Name
in Full

Sarah Ellen Burckins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rising Sun</i> Town <i>Leesville</i> County		MARYLAND	
Date of death <i>1909 Nov 27</i>	Month <i>Nov</i> Day <i>27</i> Years <i>65</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Rising Sun</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jno T. Burckins</i>		
Father's Name <i>Jacob X raised</i>	Father's Birthplace <i>Rising Sun</i>		
Mother's Maiden Name <i>Rebecca Sunder</i>	Mother's Birthplace <i>Rising Sun</i>		
Name of person giving Information <i>J. T. Burckins</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary <i>Insanity</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. [unclear]</i>
	Address <i>Rising Sun</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

James M Casho
Died at ^{Town} Baskobur ^{County} Anne

MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 11 ^{Years} Age 66 ^{Months} ^{Days}

Sex ^{Male} Color or Race ^{White} Birth-place ^{Delmar}

Occupation ^{Farmer} Where Residing if not at place of death

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Sarah Casho}

Father's Name ^{George A Casho} Father's Birthplace ^{Nes}

Mother's Maiden Name ^{Eliza Mote} Mother's Birthplace ^{Del}

Name of person giving Information ^{Sarah Casho} How related to deceased ^{Wife}

CAUSES OF DEATH

95

Primary ^{Heart failure} How long ^{Several months}

Immediate ^{Edema of lungs} How long ^{5 days}

Are the name, age, sex, color, date and place correctly given above? ^{Yes}

Signature of Physician ^{Walter Mitchell}

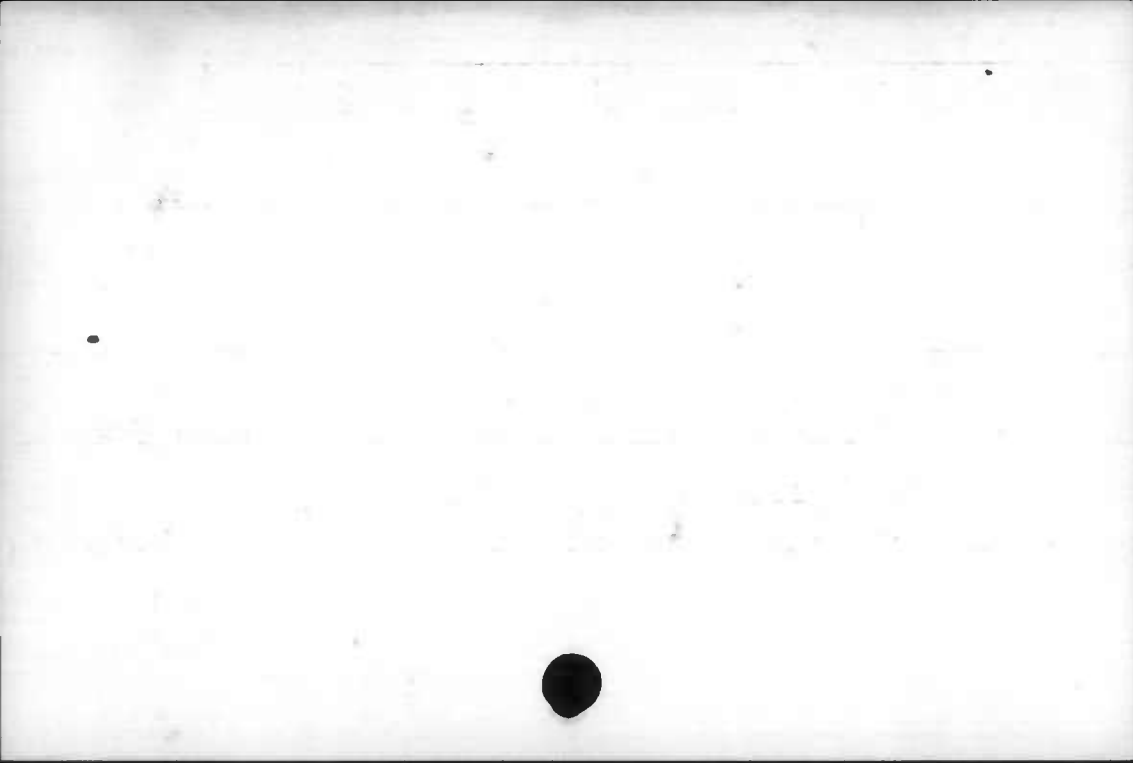
Address

^{Walter Mitchell}

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Ann Chapman
Town House County

MARYLAND

Died at Warburton School Cecil

Date of death 1909 Nov. 17 Age 82 Months 7 Days 17

Sex Female Color or Race White Birth-place Chester Co. Pa.

Occupation Not any Where Residing if not at place of death Warburton's School House

Married, Single or Widowed Widow Name of Wife George Chapman

Father's Name Irwin Sheppard Father's Birthplace Penna

Mother's Maiden Name Sarah Ann Harris Mother's Birthplace Penna

Name of person giving Information A. C. Van Pelt How related to deceased Daughter

CAUSES OF DEATH

39

Primary Cancer in Throat How long Eight weeks

Immediate do How long do

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. H. Richardson

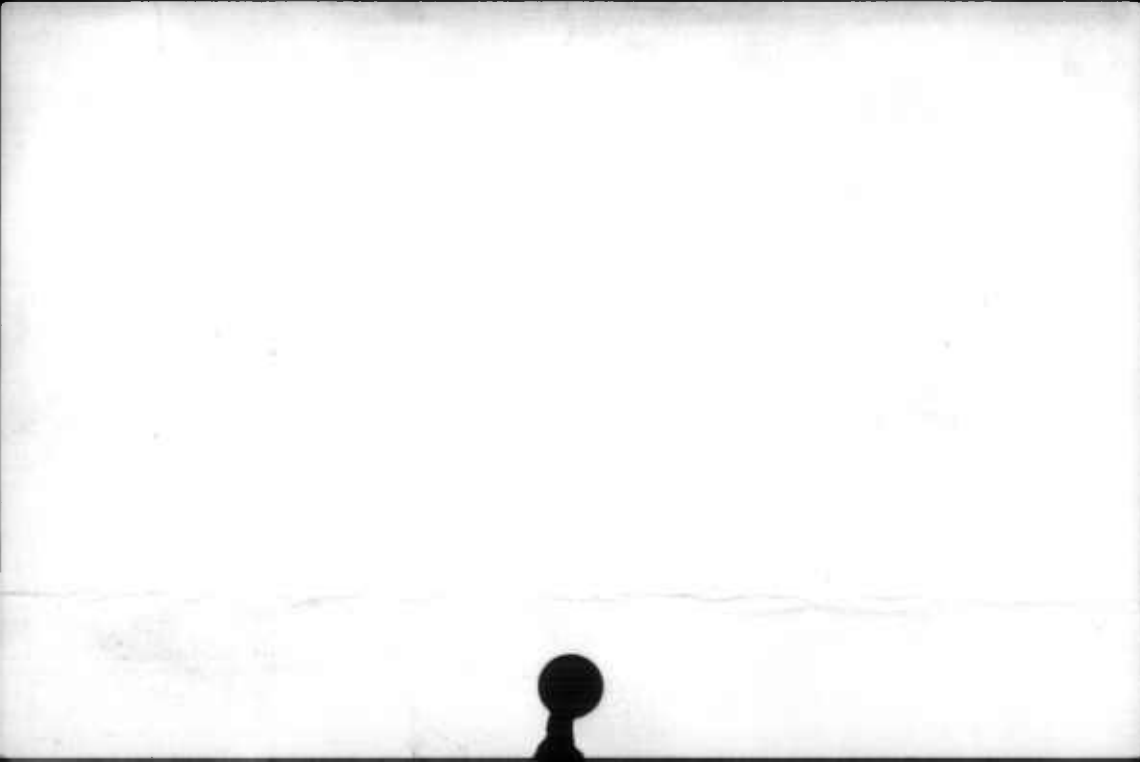
Address Calver

M₂

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER




Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Amanda J. C. Shee</i>		Town <i>Fredericktown</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Fredericktown</i>		Month <i>11</i>		Day <i>14</i>		Age <i>73</i>	
Date of death <i>1909</i>		Month <i>11</i>		Day <i>14</i>		Age <i>73</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Benjamin H. C. Shee Sr.</i>					
Father's Name <i>Can't learn</i>		Father's Birthplace <i>Can't learn</i>					
Mother's Maiden Name <i>Amanda Covey</i>		Mother's Birthplace <i>md.</i>					
Name of person giving Information <i>Lillian Kirk</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

Primary	<i>Congestion of lungs</i>	How long	<i>24 hours</i>
Immediate	<i>paralysis respiration</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician 	
Address <i>J. Wm. Latimer</i>		<i>Galena, Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Minnie B Creswell
Town *Principio* County *Cecil*

Died at *Principio* *Cecil* MARYLAND

Date of death 1909 Month *11* Day *23* Age *27* Years Months *3* Days *—*

Sex *Female* Color or Race *White* Birth-place *Cecil Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Allen Creswell*

Father's Name *Harvey Jackson* Father's Birthplace *Cecil Co*

Mother's Maiden Name *Sarah Battera* Mother's Birthplace *" "*

Name of person giving Information *Allen Creswell* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

4 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

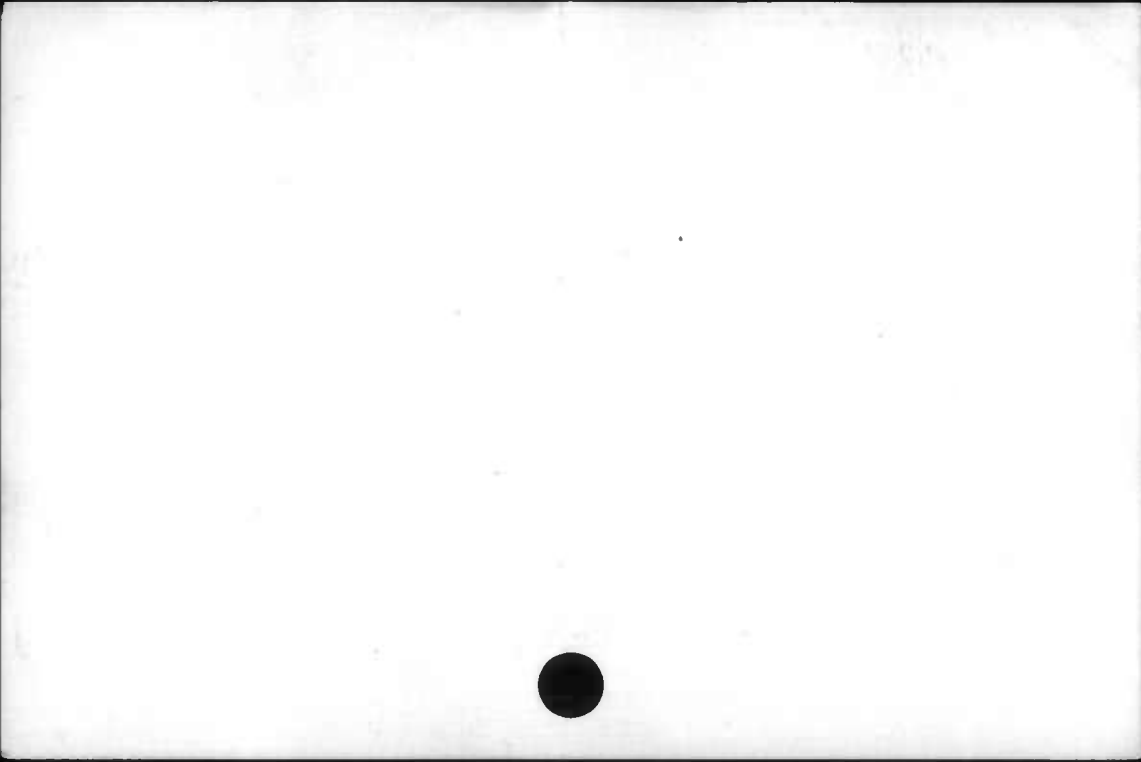
Signature of Physician

Address

Geo. M. Stump
Principio Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Dyer
 Died at Pineall Town Cecil County
 Date of death 190 9 Month Nov Day 8 Age — Years — Months 2 Days —
 Sex Male Color or Race White Birth-place Pineall
 Occupation — Where Residing if not at place of death —

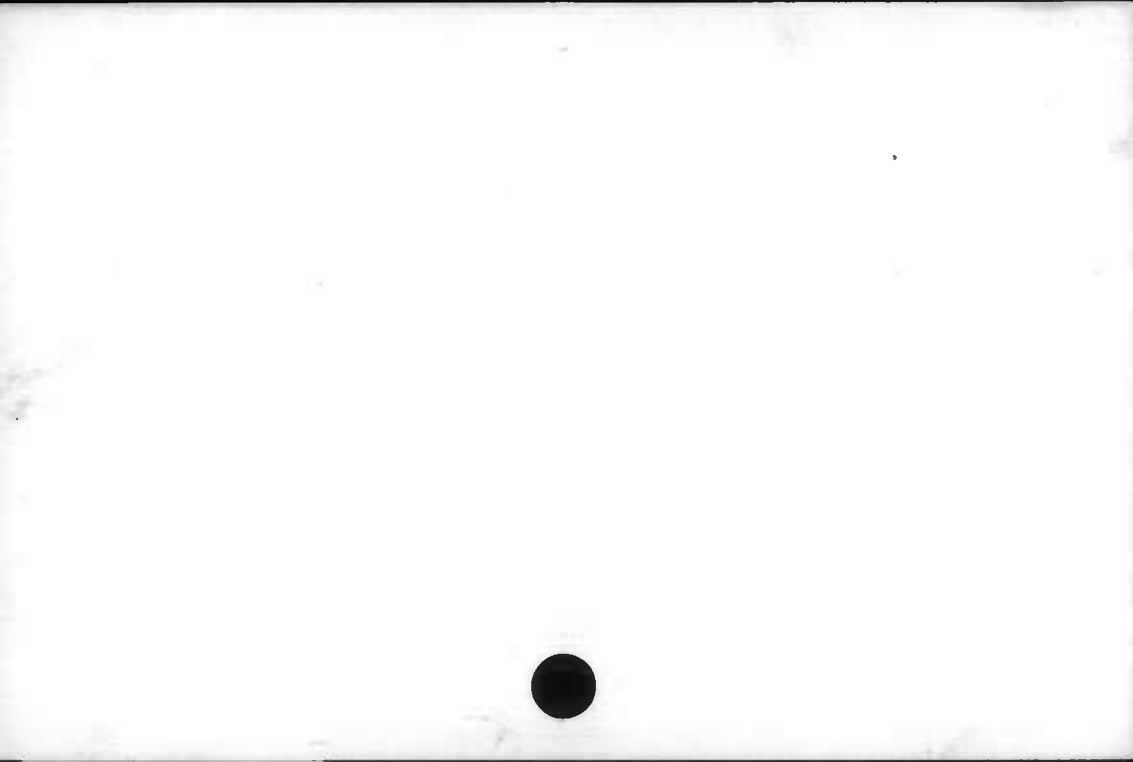
Married, Single or Widowed —Name of Wife or Husband Frank DyerFather's Name Frank DyerFather's Birthplace Cecil CoMother's Maiden Name Mary WorthingtonMother's Birthplace Cecil CoName of person giving Information Frank DyerHow related to deceased Father

CAUSES OF DEATH

Primary MarasmusHow long 131Immediate Acute inanitionHow long 4 or 5 daysAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Chas E. Lantz M.D.Address Chesapeake City Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDRobert B Frayer Jr
Town *Elkton* County *Essex*

MARYLAND

Died at *Elkton*Date of death 1909 *Nov*Day *2* Age *24*

Months Days

Sex *Male*Color or
Race *White*Birth-
place *Ind*Occupation *none*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Robert B Frayer*Father's
Birthplace *Ind*Mother's
Maiden Name *Mary Simpson*Mother's
Birthplace *Del*Name of person giving
Information *Mrs Frayer*How related
to deceased *Wife*

CAUSES OF DEATH

27

Primary *Tuberculosis of lungs*How long *5 yrs*Immediate *Exhaustion*

How long

Are the name, age, sex, color, data
and place correctly given above?*Yes*Signature of
Physician*William Titchener*

Address

*Elkton Md*PHYSICIAN
OR CORNER*Accident* *Suicide*



Name
in
Full

Zeumana Hartsburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Run ^{Town} County Lees **MARYLAND**

Date of death 1909 ^{Month} Nov ^{Day} 24 Age 24 ^{Years} 10 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Rock Run

Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Joseph Hartsburn

Father's Birthplace

Rock Run

Mother's Maiden Name

Annie Gorch

Mother's Birthplace

Lees

Name of person giving Information

Joseph Hartsburn

How related to deceased

Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

10 days

Immediate

Heart Failure

How long

45 hrs

Are the name, age, sex, color, date and place correctly given above?

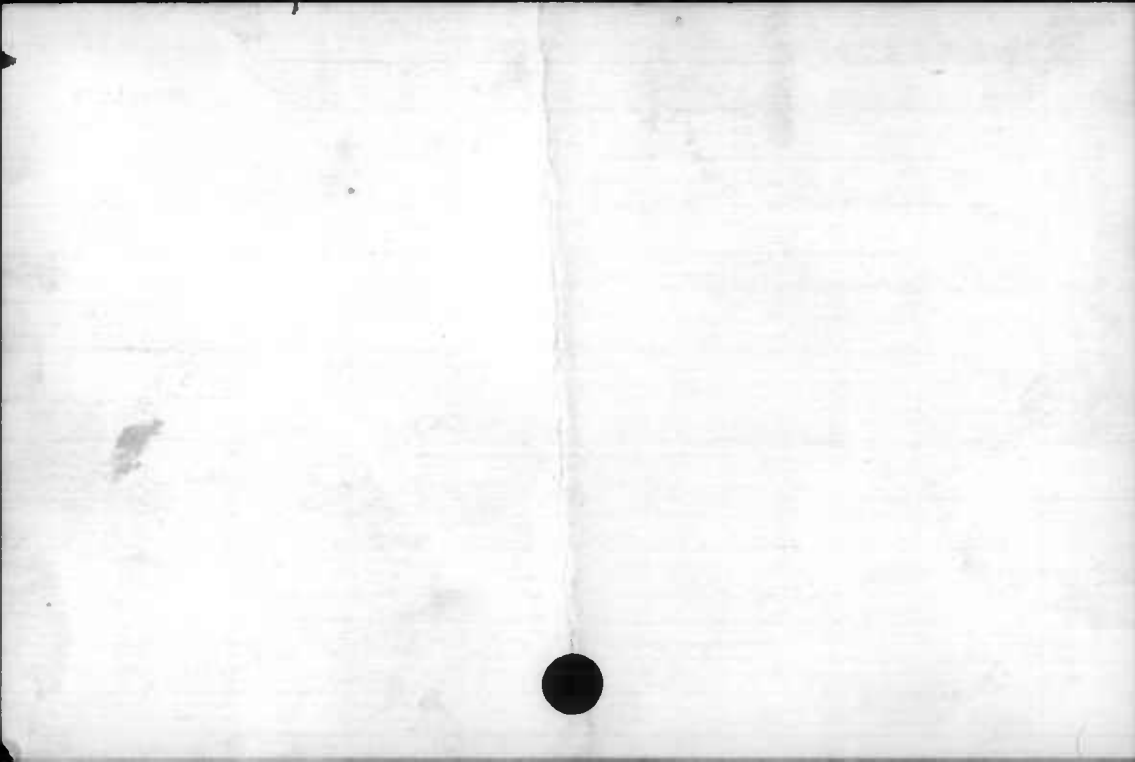
Yes

Signature of Physician

Address

W. J. Gorch
Rock Run, Md

Accident or Suicide



Name
in
Full

Alverda Hogans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Cecilton ^{County} Cecil

MARYLAND

Date of death 1909 ^{Month} 11 ^{Day} 30 ^{Age} ^{Years} ^{Months} 1 ^{Days} 6Sex Female ^{Color or Race} Black ^{Birth-place} Cecil Co. Ind.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Colis Hogans ^{Father's Birthplace} Cecil Co. Ind.Mother's Maiden Name Mahalia Rico ^{Mother's Birthplace} Cecil Co. Ind.Name of person giving Information Colis Hogans ^{How related to deceased} Father

CAUSES OF DEATH

Primary Whooping Cough ^{How long} 2 weeksImmediate Pneumonia ^{How long} 1 Day

Are the name, age, sex, color, date and place correctly given above?

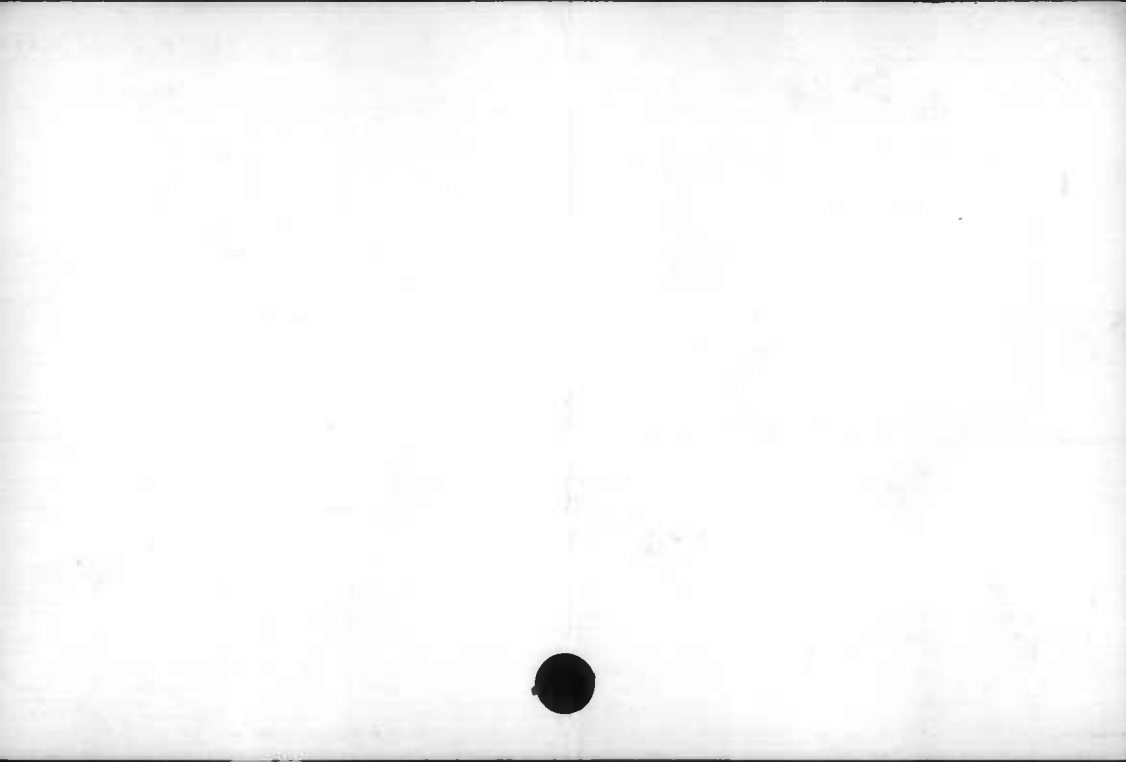
Signature of Physician

Address

E. H. Bradford
Lecolton Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Howard Kimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

near Calvert Cecil

MARYLAND

Date

of death 1909

Month

11

Day

10

Age

Years

54

Months

2

Days

20

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amelia Kimble

Father's
Name

John Kimble

Father's
Birthplace

Seanc. Co. Pa.

Mother's
Maiden Name

Ann Jane Williamson

Mother's
Birthplace

Perma

Name of person giving
Information

Emma Leaver

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paralysis

How long

3 Hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

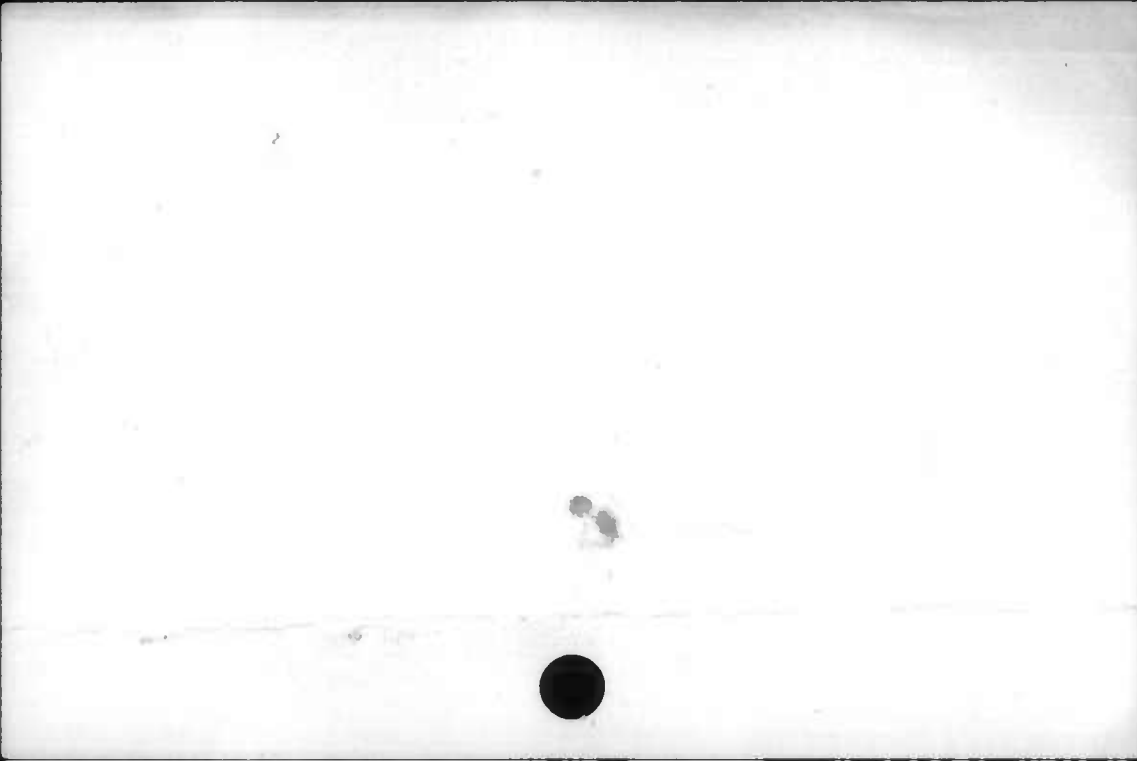
yes

Signature of
Physician

W. A. Richardson,
Rising Sun,
Md.

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Rebecca Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Albion Town Cecil County MARYLAND
Date of death 1909 Nov 10 Age 10 Months 10 Days
Sex Female Color or Race White Birth-place md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward Lynch

Father's Birthplace

md

Mother's Maiden Name

Viola Phillips

Mother's Birthplace

md

Name of person giving Information

Edward Lynch

How related to deceased

Father

CAUSES OF DEATH

105

Primary

Stev. Colitis

How long

Unknown

Immediate

Toxemia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm D. Cawley
Elect
md

Accident or Suicide

PHYSICIAN
OR CORONER

Country

Name
in Full

Dennis M. Cartney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Alms House

Cecil

MARYLAND

Date

1909 Nov 10

Age 73

Sex

Male

Color or Race

White

Birth-place

Pennsylvania
No information

Occupation

No information

Where Residing if not at place of death

Married, Single or Widowed

No information

Name of Wife or Husband

Father's Name

No information

Father's Birthplace

Mother's Maiden Name

No information

Mother's Birthplace

Name of person giving Information

Sam'l A Taylor

How related to deceased

None

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Mitral insufficiency

How long

Don't know

Immediate

Heart failure

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Winfred A. Morrison
Elkton, Md.

Accident or Suicide

259

Name
in
Full

Many Movers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Alburtown Town Cecil County

MARYLAND

Date of death 1909 Nov Month 3 Day Age 83 Years Months Days

Sex Female Color or Race white Birth-place Pa

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Samuel Mover Father's Birthplace Indiana

Mother's Maiden Name David information Mother's Birthplace unobtainable

Name of person giving Information Mrs Jacob Muel How related to deceased Wife

CAUSES OF DEATH

154

Primary Old age How long

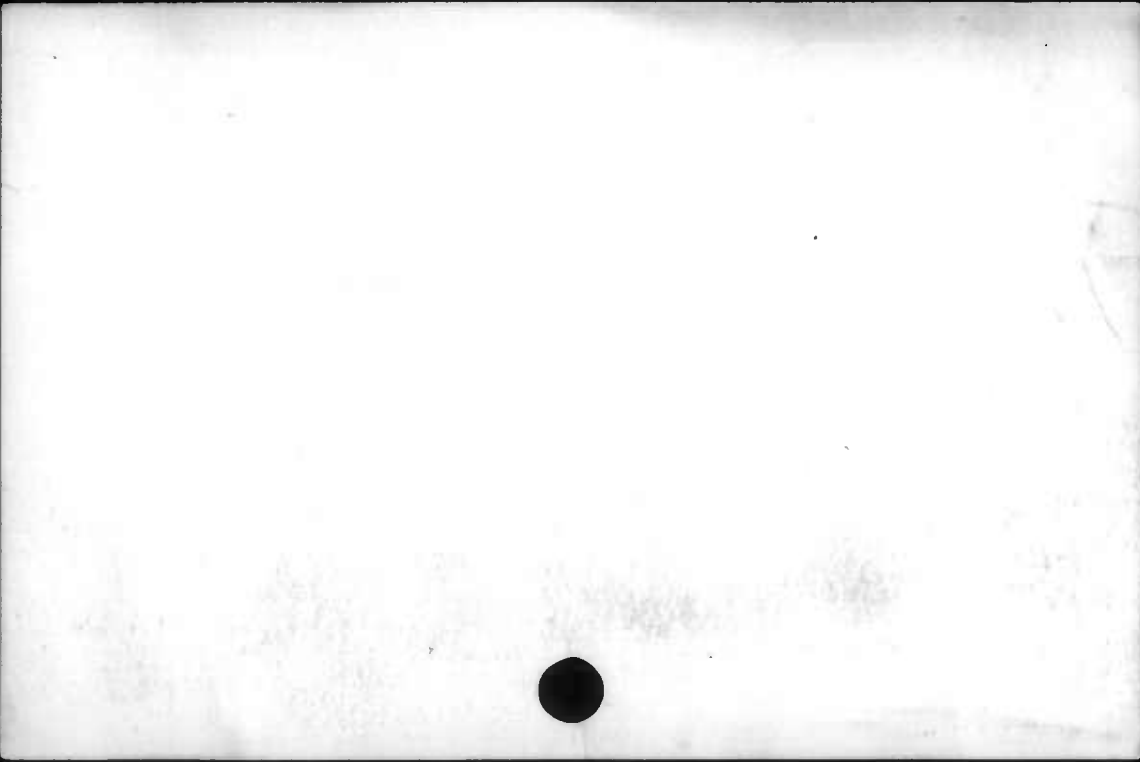
Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. P. Morrison

Address Elkton Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name

in
Full

Dr. Joseph W. Reynolds,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rising sun, R.F.D.		^{County} Cecil		MARYLAND	
Date of death	1909	Month	Nov.	Day	25
Age		75		Months	Days
Sex	Male		Color or Race	White	
Birth-place	Lan. Co. Penna.				
Occupation	Phys.&Farmer		Where Residing if not at place of death	Residence,	
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Reynolds,	
Father's Name	Josiah Reynolds			Father's Birthplace	Penna.
Mother's Maiden Name	Mary Sweigert			Mother's Birthplace	Penna.
Name of person giving information	Eli T.Reynolds			How related to deceased	Son

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer Stomach & bowels		How long	3 minutes
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. A. Peebles M.D.
			Address	Starks Mills
				(Lanc Co)
Accident or Suicide?				Durham



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Janus Roe* Town *Mar Warrick* County *Cecil* MARYLAND
Died at
Date of death 190 *9* Month *11* Day *24* Age *72* Years Months *—* Days *5*
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Farmer* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

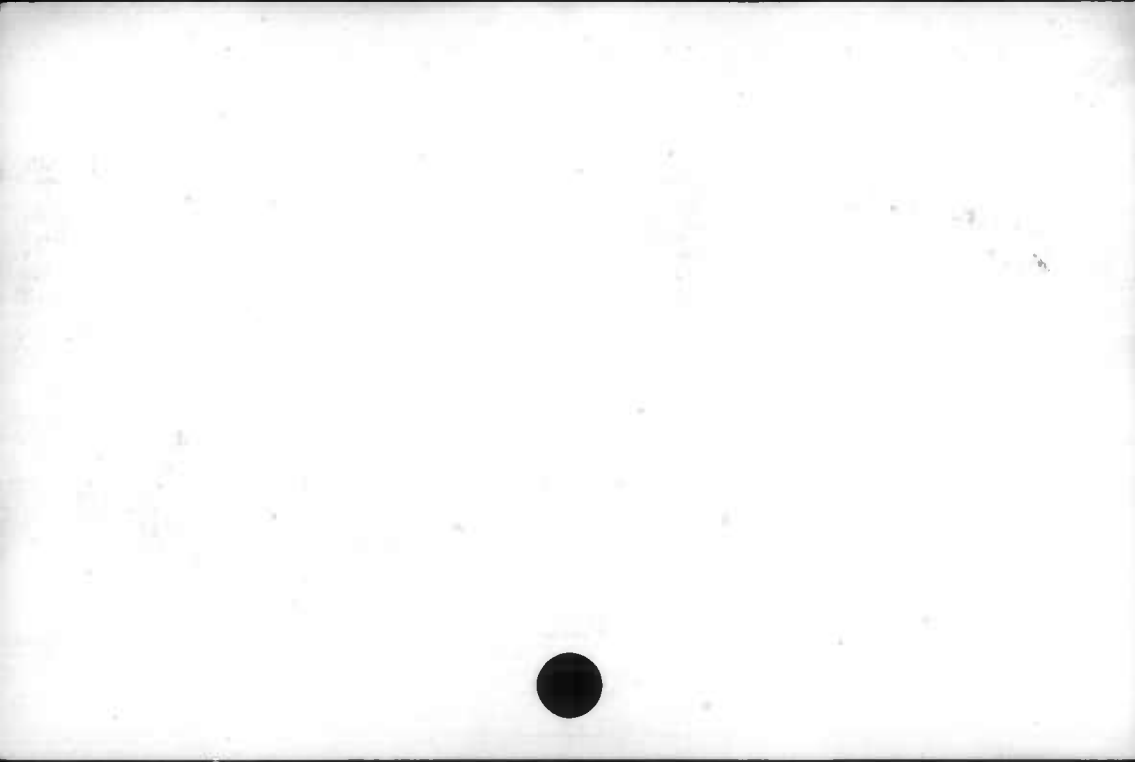
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	1	72		2	16
Sex	Color or Race	Birth-place					
male	White	Cecil County					
Occupation	Where Reading if not at place of death						
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Elizabeth Bailey					
Father's Name		Father's Birthplace					
Thomas V. Bradley		Cecil Co.					
Mother's Maiden Name		Mother's Birthplace					
Paulina Bailey		Cecil Co.					
Name of person giving Information		How related to deceased					
Mrs. Anna Wilson		Daughter					

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	Obstructive Jaundice	How long	about 2 months
Immediate	Poma - due to Prolestrernia + Wrenia	How long	3 day S.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Pletho Chavis M.D.	
		Address	
		Baltimore City	
Accident or Suicide			



Name
in
Full

Ann Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>26</u>	Age <u>64</u> ^{Years}	Months <u>7</u>	Days
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>	
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>James Short</u>			
Father's Name <u>Mr. Decker</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Sarah Ann Hill</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Mrs. Day</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>about 1 yr.</u>
Immediate	<u>Heart Failure</u>	How long	<u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Hawley</u>	
		Address <u>Elkton</u>	
		<u>Ind</u>	
Accident or Suicide?			

Intermittent
Boulders shaped

- - -
O. T. P.
—

Name
in
Full

Edward B. Smith

CERTIFICATE OF DEATH

MARYLAND

Died ^{Town} near Bay-view ^{County} Cecil

Date of death 1909 ^{Month} Nov. ^{Day} 8 Age ^{Years} 77 ^{Months} 11 ^{Days} 3

Sex Male Color or Race White Birth-place Connecticut

Occupation Farmer Where Residing if not at place of death near Bay-view

Married, Single or Widowed Widower Name of Wife Husband Hannah Smith

Father's Name Seymour J. Smith Father's Birthplace Connecticut

Mother's Maiden Name Julia Bissel Mother's Birthplace Connecticut

Name of person giving Information Susan E. Smith How related to deceased Daughter

CAUSES OF DEATH

Primary Strangulated Hernia How long 12 hours

Immediate Lymphangitis How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

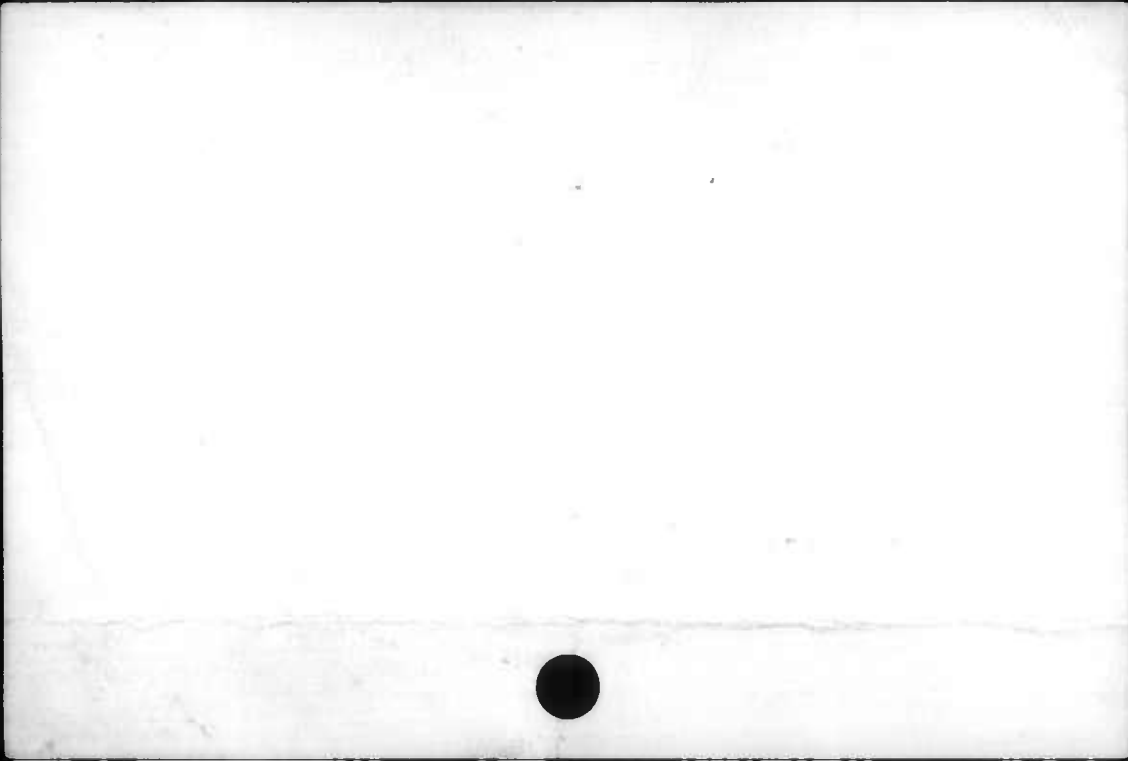
Address

Was operated on? Yes

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Joseph Veasey Thompson
Town North East County Cecil

Died at

Date

of death 1909

Month

Nov.

Day

26.

Years

Age 64

Months

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

North East

Occupation

Basket Maker

Where Residing if not
at place of death

North East

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie L. Thompson

Father's
Name

Marshall Thompson

Father's
Birthplace

North East

Mother's
Maiden Name

Mary A. Veasey

Mother's
Birthplace

Not Known

Name of person giving
Information

Mrs. L. O. George

How related
to deceased

Daughter

CAUSES OF DEATH

79

How long

Primary

Spasmodic Cholera - Miliaris regurgitativa

Immediate

Cholera Cholera

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

H. A. Cantwell M.D.
North East,
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Addie R Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perryville* Town *Cecil* County

Date of death 190 *9* Month *11* Day *29* Age *44* Years Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Cecil Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William A Wilson*

Father's Name *Geo Alexander* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Galey* Mother's Birthplace *Phila Pa*

Name of person giving Information *William A Wilson* How related to deceased *Husband*

CAUSES OF DEATH

79

Primary *Heart Disease*

How long *Discovered suddenly*
How long

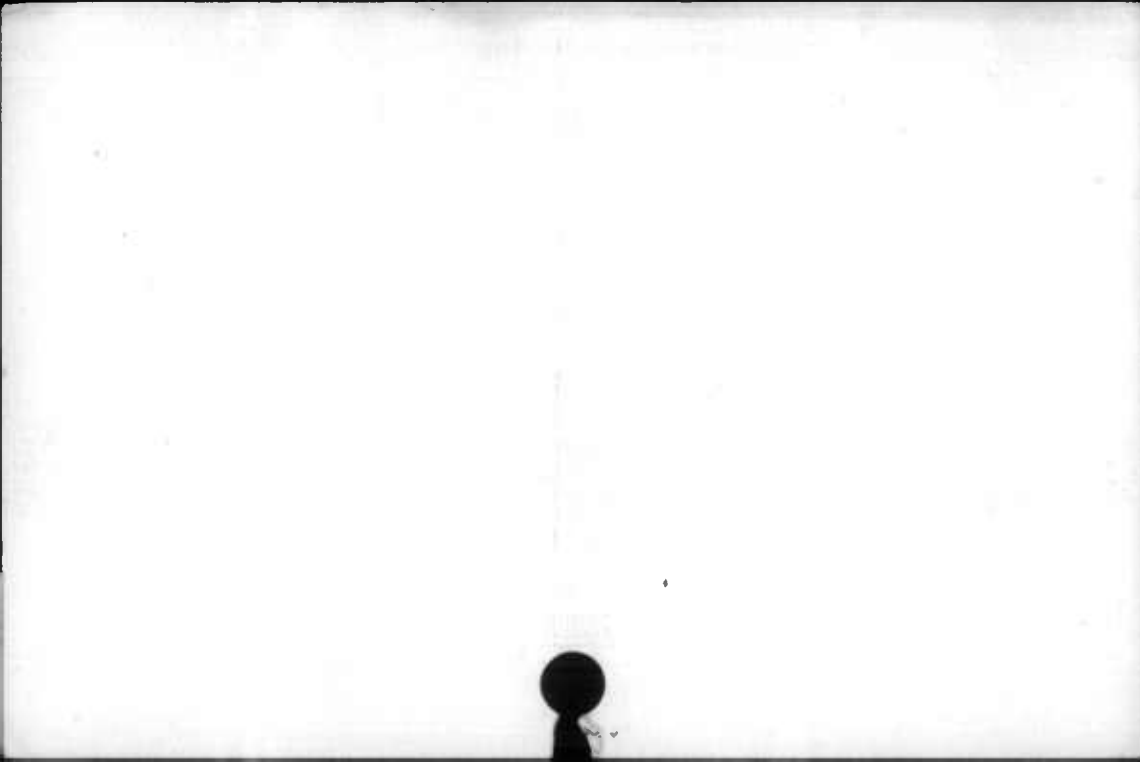
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. W. Hunt*
Address *Perryville Md*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Martha Ann Wilson

CERTIFICATE OF DEATH

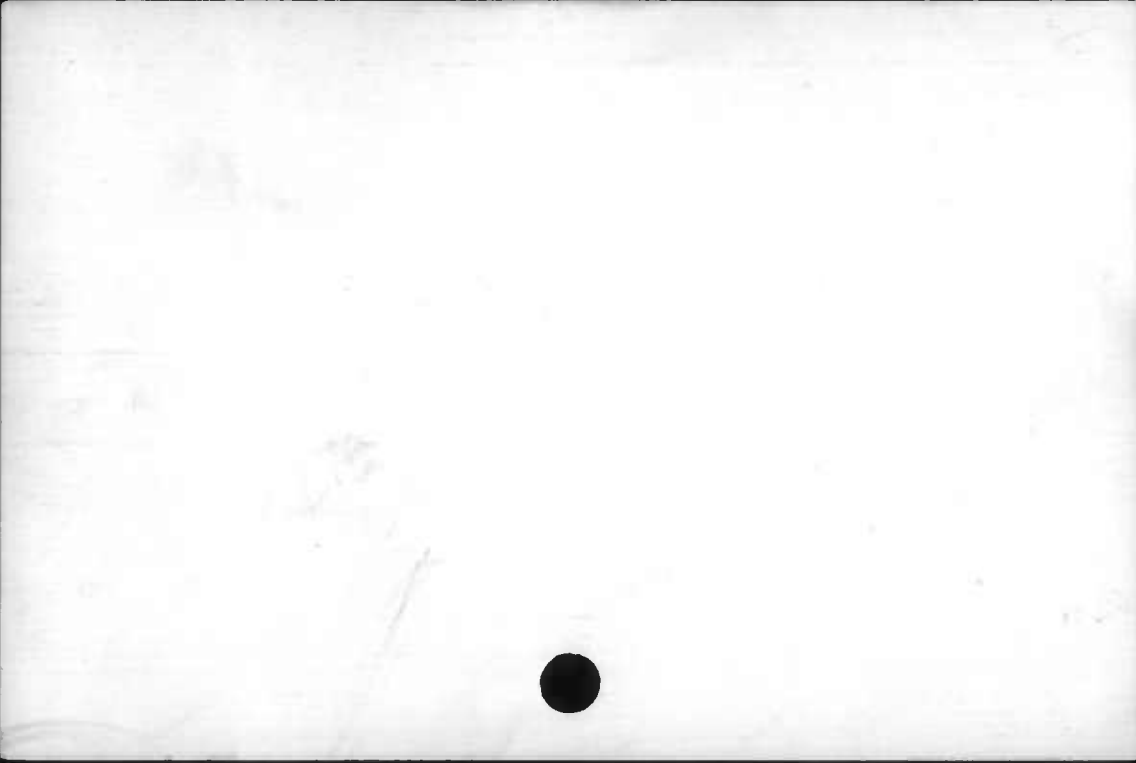
Died at *Elkton* ^{Town} *Cecil* ^{County} **MARYLAND**Date of death *1909 Nov 22* ^{Month} ^{Day} ^{Year} Age *86* ^{Months} ^{Days} *6*Sex *Female* Color or Race *white* Birth-place *md*Occupation *Housewife* Where Residing if not at place of death *resided & died in Elkton*Married, Single or Widowed *widowed* Name of Wife or Husband *Elizabeth Wilson*Father's Name *Armon Stebbins* Father's Birthplace *md*Mother's Maiden Name *Fannie Johnson* Mother's Birthplace *md*Name of person giving Information *Mrs Annie Hague* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Infirmities of age* How long *Seven years*Immediate *Strain* How long *Several days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Howard Bratten*Address *Elkton Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant not named Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} New Cecilton ^{County} Cecil MARYLAND

Date of death 190 9 Month 11 Day 18 Age 0 Months 0 Days 1

Sex male Color or Race Negro Birth-place Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name Geo. Young Father's Birthplace Md

Mother's Maiden Name Minnie Thompson Mother's Birthplace Md

Name of person giving Information Geo. Young How related to deceased Father

CAUSES OF DEATH

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician No. Dr in attendance

Address J. + Blasco Sub Registrar

Accident or Suicide

